

# 2010 Youth Theater Day Camp Scholarship Application

The Ross Ragland's Youth Theater Day Camp Financial Aid program is based solely on need. We offer full and partial scholarships. Due to the great demand and limited resources, it is important that you provide us with your complete financial picture for full consideration. **A \$25.00 registration fee is due with this application form.** PLEASE USE ONE FORM PER STUDENT. Please return this form to The Ross Ragland Theater Outreach & Education Department at 218 North 7<sup>th</sup> Street, Klamath Falls, OR 97601 or you may fax it at (541) 884-8574. If you have questions, please call (541) 884-0651 ext. 22.

Student's Name: \_\_\_\_\_  
 Birthdates: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_

**Total Household Income:**

(Fill in one column per applicable income type.)

	Weekly	Monthly	Annually
Wages/Tips/Commissions:	_____	_____	_____
Grants/Scholarships:	_____	_____	_____
Alimony:	_____	_____	_____
Child Support:	_____	_____	_____
Other:	_____	_____	_____

**Names & Ages of All Household Members:**

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Please Explain Any Special Circumstances/Expenses You Currently Have:** (Large medical bills, family member in college, legal proceedings, etc.). **Note: Please include the dollar amount you can afford if asking for a full scholarship (this includes the \$25 registration fee).**

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**Note: Required for partial tuition assistance: at least one fourth of the camp fee (1/2 Day grades K-3 \$43.75, Full Day grades 4-12 \$81.25).**

Would you be willing to work a few hours at the theater in exchange for tuition assistance? (Painting/building sets, costume sewing etc).

If so, do you have special skills that could be used at RRT?

What hours would you be available?

**I confirm that the above information is truthful and accurate to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY – Please do not write in this box.**

**Received**

**Payment received**

**Sent to committee**

**Approved  
Notified**

**Amount \$**